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							(Depositor's name)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	₹	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/521,559	01/19/2005	9	Dan Peters			815-0290PUS1	2342
TITLE OF INVENTION	: DIAZABIEYELONAI	YE AND-DECANE DER	RIVATIVES AND THEIR	USE AS OPIOID	RECEP	TOR LIGANDS	
	DIAZABICYCI	SKAKONOL					
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	МО	\$1440	\$300	\$0		\$1740	02/29/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS				
COLEMAN, BRENDA LIBBY 1624 514-221000							
CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind.	ence address or indication ondence address (or Cha 3/122) attached. ication (or "Fee Address 20 or more recent) attach	(1) the names of up to or agents OR, alternated (2) the name of a sing registered attorney or 2 registered patent attorney or the control of	1. For printing on the patent front page, list 1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2) the name of a single firm (having as a member a egistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is isted, no name will be printed.				
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Please check the appropri	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual & Co	orporati	on or other private gr	oup entity U Government
4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Size Fee							
5. Change in Entity State a. Applicant claim	tus (from status indicates s SMALL ENTITY state		☐ b. Applicant is no los	nger claiming SMA	LL ENT	TITY status. See 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee an	d Publication Fee (if req	uired) will not be accepte	d from anyone other than				he assignee or other party in
Authorized Signature Date 2/27/08							
Typed or printed name		Registration No. 28,977					
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